

CLAIMS ONLY						Application Number 10 812 387	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/	/	/	/	/		51					
2	/	/	/	/	/		52					
3	/	/	/	/	/		53					
4	/	/	/	/	/		54					
5	/	/	/	/	/		55					
6	/	/	/	/	/		56					
7	/	/	/	/	/		57					
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47							97					
48							98					
49							99					
50							100					
Total Indep	3		3		3		Total Indep					
Total Depend	6	6	6	6	6		Total Depend					
Total Claims	9		9		9		Total Claims					